

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20513**

FILED JUN 18 1957

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) Boonville, Mo.		c. LENGTH OF STAY (in this place) 4 wks		c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boonville Nursing Home				e. STREET ADDRESS (If rural, give location) 0450 RFD Franklin, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) ELBERT		b. (Middle) JEWEL		c. (Last) WALLACE		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 29, 1887		9. AGE (In years last birthday) 69 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. K. Wallace		13b. MOTHER'S MAIDEN NAME Mary Winfrey		14. NAME OF HUSBAND OR WIFE Manie Bell Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Wallace Boonville, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of mouth + throat ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		1998		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-9-1955 to 6-11-1957 , that I last saw the deceased alive on 6-8-1957 , and that death occurred at 12:30 P.m. , from the causes ad on the date stated above.							
23a. SIGNATURE IC Bessett		(Degree or title) msl		23b. ADDRESS Boonville mo		23c. DATE SIGNED 6-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 13/57		24c. NAME OF CEMETERY OR CREMATORY Old Lamine Cemetery		24d. LOCATION (City, town, or county) (State) RFD Lackwater, Mo.	
DATE REC'D BY LOCAL REG. 6/12/57		REGISTRAR'S SIGNATURE B. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B.W. Thacker Boonville Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Gerry W. Thacher

Licensed Embalmer No. 3949

P. O. Address *Barnstable*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.